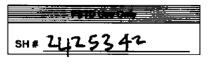
Los Augeles County Sheriff's Department

Officer Involved Shooting

								Pa	age	1 0	of 4
Report Date:			Bureau/Station/Facility				Admin, In	veet 2	7	Hit?	7
4.	/12/17		C	entury Sheriffs (Autilii. III	*C3E: [_		11112	
				Incident Inform	ation						
URN:	017	7-05737-21	176-013	Date:	4/12	/17	Tim	ne:	01	115	
City or Station:	С	entury She	eriff's Station	Nature of Incident: Deputies Tim	othy Gar	non and S	hane Lattud	ca shot	and I	killed	
Location: North/South	Allev F	Retween 91	1st and 92nd	Suspect Zela	ılem Ewn	etu during a	a vehicle bu	ırglary i	nves	tigati	on.
			enue, Los Angeles								
Location Type			(check only one):	incident Type (che	ock one or n	10 /2):	Initiated by (ch	reck only	оле):		$\neg \neg$
(check one or m Backyard	IO/e):	✓ Dark	kness	☐ Accidental ✓ Armed Person			Arrest War	rant			
Beach		Day	•	Fleeing Suspe			☑ Call				
Business		_ ome		Foot Pursuit			Observation				
Freeway		∐ Stre	et Lights	Gun Take Awa			Other	ni Onic			
Industrial		Weathe	r (circle only one):	─ ☐ Moving Vehicle			Search Wa	arrant			
☐ Park ☐ Parking Lot		√ Clea		Sniper/Ambusi	n		Two Perso	n Unit			
Residence		Clou		Struggle involv	/ed		Prior Activity (c	check onh	у оле):		$\neg \neg$
Rural		Fog		Traffic Stop			Detective	•	•		
School		Rair	1	Unarmed Pers	on		Inmate Tra	nsport			
Street		Distano		Unintentional Vehicle Pursui	•		Other				
	ley Wa	<u></u>	ess than 15 feet	Warrant Service			✓ Routine Pa	atrol			
Total # of Shots Fi	-	puty Total # o	f Shots Fired by Suspect	Warning Shot							$\overline{\Box}$
13			0	Other:			Aero Unit?	Ш	Canin	e Unit?	
				Employee Witn	esses						
Employee #		ast Name	Fir	st Name	M.I.	ShiftTime (chec		iftType (ch		· -	
Employee #	 ,	ast Name	- Ei	st Name	М.І.	Shift Ima (sha		Regular iftType (ch			Off Duty
Employee #	Ι,	.ast Hallic	re	at Italije				Regular [Off Duty
Employee #		ast Name	Fir	st Name	M.I.	ShiftTime (chec		iftType <i>(ct</i> Regular [Off Duty
				lon-Employee Wi	itnesses						
Last Name					First	Name	-		М	.l.	
Street Address			City		Zip C	ode W	ork Ph	Но	me Ph		
Last Name		_			First	Name			М	.1,	
Street Address			City		Zip Co	ode W	ork Ph	Ho	me Ph		
Last Name					First	Vame			M	.1.	
Street Address			City		Zip Co	ode W	ork Ph	Ho	me Ph		
				Supervisor	s						
Employee #	Last Na	_		Name	M.I.	(check one of	r more):				- 11-
		Bowle	ey	Jason		On Duty	urina shootina	_	itness		
Employee #	Last Na	me	First	Name	M.J.	(check one or			voived	in Sil	oung_
,						On Duty	,,	□w	itness	to sho	oting
						Present d	uring shooting		volved		- 1
				Watch Serge							
Employee #	La	ist Name	Ctro	•	F	irst Name	D			M.I.	Е
			Strong				Dru				
Fleves #	T.	est Na		Watch Comma		and blaces -					
Employee #	Le	ist Name	Holesis		F	irst Name	Deniel			M.L	
			Holguii	1			Daniel				



Rollout Information
Date Submitted Arrival Time Date of Recommendation Arrival Date 4/12/17 0448 First Name M.I. Employee # Last Name ν Dang Luan Employee # Last Name First Name Employee # Last Name First Name M.I.

Linpio	Joe #			Manr	nion			Patrick			J
				Shoot	ting / Force Informa	ation					
Meth	od					Typ	e of Injui	γ	Body	y Par	rt Injured
(AW) (BC) (BB) (CCH) (TD) (CTT) (CCC) (TEX) (FR) (FB) (FB) (FB)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Tel Control Holds:(Takedown Chemical Agents (OC Sp Chemical Agents (Tear G Explosives Firearm (Handgun) Firearm (Shotgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	edown)) ray) as)	(RS) (CN) (RH) (HB) (TP) (RE) (SP) (SH) (SG) (SB) (ST) (TR) (UC)	Other Weapx Personal We Personal We Personal We Personal We Resistance Restraint De Restraint De Restraint De Restraint De Sap Shield 37mm Stinge Sting Ball Stun Bag Taser Uncooperativ	on: Blunt Object on: Other sapon: Feet/Leg: (Kick) sapon: Feet/Leg: (Sweep) sapon (Hand/Arm) sapon (Push) sapon (Other) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Only) vice:Hobble (TARP) vice: REACT Belt	(AB) (BR) (BU) (CP) (CO) (DI) (DB) (FR) (GS) (HB) (LC) (ND) (OD) (PA) (SD) (ST) (UN)	Abrasion Bruise Burn Complain Concussi Death Dislocatio Dog Bite Fractures Gunshot Human B Laceratio Nerve Da Organ Da Paralysis Puncture Soft Tissu Unconscie	it of Pain on itte ins image image Wound ue Damage vists ous	(AD) (AK) (AK) (BK) (BT) (CH) (FA) (FE) (FI) (GE) (HD) (HE) (HI) (KN) (KS) (SH)	Ab An An Ba Bu Ch Elk Fac Ga Gr Ha Hei Int Ne Sh	adomen akkle m ack attocks aces ace et agers anitals oon and acad p ernal aces g ack acok acok acok acok acok acok
Bran (AK) (BN) (BR) (BW) (CH)	AK-47 Benelli Beretta Browning Charter Arms	(IV) (JE) (LO) (LU) (MA) (MO)	iver Johnson Jennings Lorcin Luger Marlin Mossberg	(SW) (SR) (SS) (ST) (TA)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus	(RM) (NN)	NONE	Med Treatment	(WR)) W	rist
(CO) (DA) (GL) (HA) (HI) (HK) (IT)	Colt Davis Industries Glock Harrington & Richardson Hi Standard H & K Ithica	(NC) (NA) (NO) (RA) (RM) (RG) (RI)	NCI aka SKS North Americ Norinco Raven Remington RG RGI		Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(12) (20) (21) (22)	9 mm 10 mm 12 guage 20 guage .22-250 .22 caliber .223 caliber	(25) .25 ca (30) .308 c (35) .357 c	diber aliber aliber caliber diber	(41) (44) (45) (50) (SL) (WW)	.410 guage .44 caliber .45 caliber 50 mm Slug Other caliber

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1 & E#2	FH	SW	40		· · · ·	NN	
E#1	S#1	FH	BR	9	Y	Y	NN	
E#2	S#1	FH	SW	9	Y	Υ	DH	СН
E#2	S#1	FH	sw	9	Y	Υ	GS	AR
					<u> </u> 			
						<u>_</u>		
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Officer Involved Shooting Involved Employee Information

URN: 017-05737-2176-013

Page 3 of 4

			Involved	Employee		
E 1	Employee #	Last Name	Gannon			Timothy M.I. M
	Sex: M Race: W	Pank: Deputy She	eriff Unit Assignmen	nt: entury	Work Assignment (Unit #,	Module, etc.): 216F
	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime 0	Off Duty Intoxication/Dr	ug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case	? 🗌	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting 6.5		Clothing (circle only one) Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	511 Weight: 180	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest ✓ Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date:		Laser Training D.	
	Certified with Weapon Used? Weapons Fired	Patrol Certification?	Certification Unit:	Prior Shoo Weapons Fired	Shootings:	Directed Force:
	Brand: Bei	rreta Caliber 9MM	A # 5nots 2	Brand:	First Name	M.I. —
	Field Training Officer Emp # Field Training Officer Emp #				First Name	M.I.
	ried Training Officer Emp /	Last Name			1 11 3 (14 3) 110	199.1.
E 2	Employee #	Last Name	Lattuca		First Name	Shane M.I.
	Sex: M Race: W	Rank: Deputy She	eriff Unit Assignmen	nt: entury	Work Assignment (Unit #,	Module, etc.): 216F
	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one) Regular Overtime	Off Duty Intoxication/Dr	ug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case	? 🗌	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting	g: Duty Time (hrs):	Clothing (circle only one):	Raid Jacket w/ Vest	Other Factors:	1
	Age: Height	600 Weight: 240	Ptain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date:		Laser Training D	
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sho	Shootings:	
	pranu.	/M&P Caliber 9MM	# \$hots 11	Weapons Fired Brand:		liber # Shots
	Field Training Officer Emp #				First Name	M.I.
	Field Training Officer Emp #	Last Name			riist Name	M.I.
E	Employee #	Last Name			First Name	M.I.
	Sex: Race:	Rank:	Unit Assignmen	nt: 	Work Assignment (Unit #.	Module, etc.):
	ShiftTime (circle only one): BM PM Day	ShiftType (circle only one): Regular Overtime	Off Duty Intoxication/Dr	ug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case	? 🗌	Coroner Case #	Interviewed?
	Hrs of sleep prior to shootin	g: Duty Time (hrs):	Clothing (circle only one): Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date:		Laser Training D	<u> </u>
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sho	Shootings:	
	Weapons Fired Brand: Sield Training Officer Error	Caliber	# Shots	Weapons Fired Brand:		liber # Shots
	Field Training Officer Emp #				First Name	
	Field Training Officer Emp #	Łast Name			riist name	M.I.

Officer Involved Shooting Suspect Information

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•	URN:

017-05737-2176-013

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	Suspect Information									
§ 1	Last Name	Ewnetu		First Name	Zelalem	м.і. Е				
	AKA Last Name			First Name		M.I.				
	Sex: M Race: B	Street A		City	Ste	ite & Zip Code				
	Work Phone:	Home Phone:	Social Secu	rity#:	Oriver's License #					
	Age: 28 D.O.B. 5/06/88	Height: 511 Weight: 160	FBI#		Cli #					
	Booking #	Primary Charce:		Secondary Charge:						
		[245(d) (2	2) PC	October of the second						
	Coroner Case?	Coroner Case # 2017-02831		Intoxication/Drug Usage?	Substance Used: Marijuana,	THC				
	Armed? ✓	Apprehended?		Mental Illness?	Criminal History?					
	Vehicle Make Model		Parol	e: Probation:	Prior Felony Co	nviction:				
	Kia Forte	2016								
s_	Last Name			First Name		M.I.				
	AKA Last Name		-	First Name		M.I.				
	Sex: Race:	Street Address:		City	Sta	ate & Zip Code:				
		Home Phone:	Social Secu							
	Work Phone:	nome Prione.	Social Sect	nky *.	Driver's License #:					
	Age: D.O.B.	Height: Weight:	FBI#		CII#					
	Booking #	Primary Charge:		Secondary Charge:						
		Coroner Case #	1		Substance Used:					
	Coroner Case?	Coloner Sase #		Intoxication/Drug Usage?	Substance Used.					
	Armed?	Apprehended?		Mental Iliness?	Criminal History?					
	Vehicle Make Model:	Year:	Parole	e: Probation:	Prior Felony Cor	nviction:				
<u> </u>	Last Name			First Name		мі				
s_				First Name		M.I.				
s	Last Name AKA Last Name			First Name		M.I.				
s_		Street Address:			Sta					
s_	AKA Last Name	Street Address: Home Phone:	Social Secu	First Name	Sta	M.I.				
s	AKA Last Name Šex: Race: Work Phone:	Home Phone:		First Name	Driver's License #	M.I.				
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Home Phone: Height: Weight:	Social Secu	First Name City		M.I.				
S	AKA Last Name Šex: Race: Work Phone:	Home Phone:		First Name	Driver's License #	M.I.				
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Home Phone: Height: Weight:		First Name City irity #: Secondary Charge:	Driver's License #	M.I.				
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Height: Weight: Primary Charge: Coroner Case #		First Name City irity #: Secondary Charge: Intoxication/Drug Usage?	Driver's License # Cil # Substance Used:	M.I.				
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?		First Name City irity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Driver's License #	M.I.				
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	FBI#	First Name City irity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Driver's License # Cli # Substance Used: Criminal History?	M.I.				
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	FBI#	First Name City irity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Driver's License # Cli # Substance Used: Criminal History?	M.I.				
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Kia Forte	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	FBI#	First Name City Intrity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation:	Driver's License # Cli # Substance Used: Criminal History?	M.I. ate & Zip Code:				
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Kia Forte Last Name AKA Last Name	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:	FBI#	First Name City irity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name	Driver's License # Cli # Substance Used: Criminal History? Prior Felony Con	M.I. ate & Zip Code: nviction: M.I. M.I.				
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	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Kia Forte Last Name AKA Last Name Sex: Race:	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:	FBI #	City Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City	Driver's License # Cli # Substance Used: Criminal History? Prior Felony Col	M.I. ate & Zip Code: nviction: M.I. M.I.				
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	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Kia Forte Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight:	Parole Social Secu	First Name City irity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City irity #:	Driver's License # Cil # Substance Used: Criminal History? Prior Felony Con Sta	M.I. ate & Zip Code: nviction: M.I. M.I.				
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Kia Forte Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight: Primary Charge:	Parole Social Secu	First Name City irity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City irity #: Secondary Charge:	Driver's License # Cll # Substance Used: Criminal History? Prior Felony Con Sta Driver's License #: Cll #	M.I. ate & Zip Code: nviction: M.I. M.I.				
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model Kia Forte Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Parole Social Secu	First Name City Secondary Charge: Intoxication/Drug Usage? Mental Illness? Probation: First Name First Name City arrity #: Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Driver's License # Cil # Substance Used: Criminal History? Prior Felony Col Sta Driver's License #: CII # Substance Used:	M.I. ate & Zip Code: M.I. M.I. ate & Zip Code:				